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13281 U.S. PTO

Atty. Dkt. No. 035532-0141

19587 U.S. PTO
10/821921

041204

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yuichi OSHIMA et al.

Title: POROUS SUBSTRATE FOR EPITAXIAL GROWTH, METHOD FOR
MANUFACTURING SAME, AND METHOD FOR MANUFACTURING III-
NITRIDE SEMICONDUCTOR SUBSTRATE

Appl. No.: Unassigned

Filing Date: April 12, 2004

Examiner: Unknown

Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility
patent application of:

Yuichi OSHIMA
Masatomo SHIBATA

Enclosed are:

- [X] Specification, Claim(s), and Abstract (41 pages).
- [X] Formal drawings (5 sheets, Figures 1A-5C).
- [X] Declaration and Power of Attorney (3 pages).
- [X] Assignment of the invention to HITACHI CABLE, LTD.
- [X] Assignment Recordation Cover Sheet.
- [X] Information Disclosure Statement.
- [X] Form PTO/SB/08 with copies of 6 listed reference(s).



☒ Application Data Sheet (37 CFR 1.76).

☒ Claim for Convention Priority with 1 certified Japanese priority document.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	35	-	20	=	15	x	\$18.00	=	\$270.00
Claims:									
Independents	6	-	3	=	3	x	\$86.00	=	\$258.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$1298.00
<input type="checkbox"/>							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$1,298.00
Assignment Recordation Fee:					+		\$40.00	=	\$40.00
TOTAL FEE								=	\$1,338.00

☒ A check in the amount of \$1,338.00 to cover the filing fee and fee for recordation of Assignment is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By  _____

Date April 12, 2004

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